Field Number	Field Name	Mandatory or Optional	Field Definition	Field Format	Definition/Format	Note
Patient Segment						
3Ø4-C4	DATE OF BIRTH	O	Date of birth of patient.	9(8)	Recipient Date of Birth	Not on current format
3Ø5-C5	PATIENT GENDER CODE	O	Code indicating the gender of the individual.	9(1)	Recipient Gender. 1 = Male 2 = Female	Not on current format
3Ø7-C7	PATIENT LOCATION	O	Code identifying the location of the patient when receiving pharmacy services.	9(2)	Required if known. Ø=Not Specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 1Ø=Outpatient 11=Hospice	Codes are not 'standard'. (These codes do not match those of the 837s)
335-2C	PREGNANCY INDICATOR	O	Code indicating the patient as pregnant or non-pregnant.	x(1)	Required if known. Blank=Not Specified 1=Not pregnant 2=Pregnant	Not on current format
Claim Segment						
459-ER	PROCEDURE MODIFIER CODE	O***R***	Identifies special circumstances related to the performance of the service.	x(2)		Not on current format. If sent will store, but not processing.
4Ø6-D6	COMPOUND CODE	O	Code indicating whether or not the prescription is a compound.	9(1)	Ø=Not Specified 1=Not a Compound 2=Compound	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	O	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	Ø=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Other	Somewhat the same as the Brand Necessary field on the current format.
3Ø8-C8	OTHER COVERAGE CODE	O	Code indicating whether or not the patient has other insurance coverage.	9(2)	Required if known. ØØ=Not Specified Ø1=No other coverage Ø2=Other coverage exists-payment collected Ø3=Other coverage exists- claim not covered Ø4=Other coverage exists-payment not collected Ø5=Managed care plan denial Ø6=Other coverage denied-not partic	Not on current format
6ØØ-28	UNIT OF MEASURE	O	NCPDP standard product billing codes.	x(2)	EA=Each GM=Grams ML=Milliliters	Not on current format
COB/Other Payments Segment						
34∅-7C	OTHER PAYER ID	O***R***	ID assigned to the payer.	x(10)	To report the Health Plan ID, 339-6C = 99 and this field is the AHCCCS Health Plan ID [6] and TSN [3] OR The Other Payer Id	Not on current format
443-E8	OTHER PAYER DATE	O***R***	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	9(8)	Format=CCYYMMDD	Not on current format

Field Number	Field Name	Mandatory or Optional	Field Definition	Field Format	Definition/Format	Note

342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	O***R***	Code qualifying the 'Other Payer Amount Paid' (431-DV).	x(2)	Ø1=Delivery
					Ø2=Shipping
					Ø3=Postage
					Ø4=Administrative **(Dispensing Fee)**
					Ø5=Incentive
					Ø6=Cognitive Service
					Ø7=Allowed Amount **(Ingredient Cost)**
					Ø8=Amount Paid **(Paid Amount)**
					98=Coupon
					99=Other
					   1st occurrence = Deductible
					   2nd occurrence = CoInsurance
						Not on current format

Pricing Segment						
4Ø9-D9	INGREDIENT COST SUBMITTED	O	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU).	s9(6)v99	Ingredient Cost Submitted by Pharmacy	Not on current format
412-DC	DISPENSING FEE SUBMITTED	O	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (430-DU).	s9(6)v99	Dispensing Fee Submitted by Pharmacy	Not on current format
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	Amount the pharmacy received from the patient for the prescription dispensed.	s9(6)v99		Not on the current format
Clinical Segment						
424-DO	DIAGNOSIS CODE	O***R***	Code identifying the diagnosis of the patient.	x(15)	ICD-9 Diagnosis Code	Not on current format